

CIT

<b>ADMINISTRATIV</b>	REVIEW APPLICATION:
	(Code Section 99.06, 153.037)

	x	I. PLEASE CHECK THE TYPE OF APPLICAT
Y OF DUBLIN	COIC Districts Select District:	Application Type (COIC Only)  Pre-Application Review
Land Use and Long Range Planning 5800 Shier-Rings Road	LDP	☐ Development Plan Review
ublin, Ohio 43016-1236 ne/ TDD: 614-410-4600	∏ı-vc	Administrative Review
Fax: 614-410-4747 Site: www.dublin.oh.us	□I-CC	Administrative Departures
	Wireless Communication Facility	
	ž	plication Requirements sheet for additional submittal requireme
II. PROPERTY INF	ORMATION: This section must be completed	
Property Address(es)		
Tax ID/Parcel Number	ns): 273 • 000317	Parcel Size(s) (Acres):
<u>.</u> :		5.876 Acres
2 6		# * .
Existing Land Use/De	velopment:	Existing Zoning: TD - (
9 9	PLEASE COMPLETE	THE FOLLOWING:
Describe the Existing	J Land Use/Development: (でとい てひいどん	L WINELESS FACILITY
AUTENNAS AUS COLOR. FUTURE MAS	WITH 6 HOW PANEL ANTENNA VERLYON WIRCLESS IS PROPOSING TO HOMOS BEHIND THE ANTENNA	POSING TO REPLACE LO PAVEL AS THAT ARE SIMILAR IN SIZE, SHAPE, TO INSTALL 3 PADIO HOADS AND 3 MAS. INSTALL A SMALL DISTRIBUTION BOOM HYBLID CABLE ON THE DISDE OFTHE MOND
II. CURRENT PRO	PERTY OWNER(S): Please attach additiona	al sheets if needed.
Name (Individual or O	organization): IA Company	
Mailing Address: (Street, City, State, Zi	ocode) 6223 Ayony Roa	D. Dubun, off 43016
Daytime Telephone:	614-889- <b>3</b> 445 F	ax:
Email or Alternate Co	ntact Information:	RECEIVED
		13-018ART

MAR 1 4 2013

IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable.

Name: VERLIZON WIRELESS	Applicant is also property owner: yes \( \square \) no \( \square \)
Organization (Owner, Developer, Contractor, etc.): Dena Farus	n_
Mailing Address: (Street, City, State, Zip Code)  Organization (Owner, Developer, Contractor, etc.):  Dena Farus  Mailing Address: (Street, City, State, Zip Code)	<i>I</i>
Daytime Telephone: 614-307-1054 Fax:	
Email or Alternate Contact Information: Dena, Farmon & V	enizani. Attess. com
V. REPRESENTATIVE(S) OF APPLICANT / PROPERTY OWNER: on behalf of the applicant listed in part IV or property owner listed in part III. Plea	This is the person(s) who is submitting the application as complete if applicable.
Name: PBM WINEESS SERVICES	
Organization (Owner, Developer, Contractor, etc.):	
Mailing Address: (Street, City, State, Zip Code) 5766 HARLUS E. H	HULARD, OH 43026
Daytime Telephone: 614-806-7664 Fax: 6	14-334-0958
Email or Alternate Contact Information: Meyers & pomus.	Lon
VI. AUTHORIZATION FOR OWNER'S APPLICANT or REPRESENT this section must be completed and notarized.	TATIVE(S): If the applicant is not the property owner,
Thomas W. Irelan Cowell Manage of I	A Company, the owner, hereby authorize
representative(s) in all matters pertaining to the processing and approval of the to be bound by all representations and agreements made by the designated re	to act as my applicant or nis application, including modifying the project. I agree presentative.
Signature of Current Property Owners	Date: 3/13/13
Check this box if the Authorization for Owner's Applicant or Representation and sworn before me this	tive(s) is attached as a separate when
Subscribed and sworn before me this day of	Sixendrie Kaldin E Swenc Notary Public, State
County of Manklin Notary Public Matter	S. WINDRIE Commission Expires a - 17 - 2017
VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property described in this application.	operty by City representatives a process this essentatives to visit, photograpes in the process the pr
authorize City representatives to visit, photograph and post a notice on the pro-	perty described in this application.
Signature of applicant or authorized representative:	Date: 3/13/13

I MOMS W - Ix M Cawal Marker I A Capas the owner or authorized representative acknowledge that approval of this request does not constitute a glarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.  Signature of applicant or authorized representative:    Date: 3//3//3
IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.  I MATCH S AGENT FOR VILLEY WACKS , the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and othe information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.  Signature of applicant or authorized representative:  ### ### ### ########################
I MEYONS AGENT FOR VERIEN WARTS , the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and bellef.  Signature of applicant or authorized representative:  Subscribed and sworn to before me this /3th day of MARCH , 20 /3  State of GITO  County of FRANKUIN  Notary Public Mark Public Mark Public in and for the State of My Commission Explicit in and for the State of My Commission Explicit in and for the State of My Commission Explicit in and for the State of My Commission Explicit in and for the State of My Commission Explicit in and for the State of My Commission Explicit in and for the State of My Commission Explicit in and for the State of My Commission Explicit in and for the State of My Commission Explicit in and State of My Commission Explicit in American Explicit in
Information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.  Signature of applicant or authorized representative:  ###################################
State of GITIO  County of FRANKUIN  Notary Public Mruntaples My Commission Expir  January 12, 2016
State of GITIO  County of FRANKUIN  Notary Public Mruitaples My Commission Expir  January 12, 2016
The Control of the Co
Amount Received 1835 Application No: 13 - 018 ART Decision: ADD. W/ ART Action: 3/28/2013
NOTW 1
Receipt No: 270034 Map Zone: Date Received: 3/14/13 Received By: PSP
Type of Request: Wireless - Co. Location
N, 8, E, W (Circle) Side of: Chick lines Road
N, S, E. W.Circle) Side of Nearest Intersection: Swiw Rives & Aveny Road
Distance from Nearest Intersection: 750 feet
Existing Zoning District: 1D-1, Research Office District